FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 25 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H45415 (7)

1. Corporation Name
CASA LOMA ESTATES MOBILE HOME OWNERS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
C/O BRUCE A. MITCHELL, ESQ. 1825 S. RIVERVIEW DR. MELBOURNE FL 32901	C/O BRUCE A. MITCHELL, ESQ. 1825 S. RIVERVIEW DR. MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/04/1985
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):
4. FEI Number: 59-2520313 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23):
City & State (28):
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24): Country (25): Zip (29): Country (30):
8. This corporation has subply for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MITCHELL, BRUCE A.
1825 S. RIVERVIEW DR.
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	11 TITLE	VP	☐ Change ☒ Addition
NAME	~~KENNEDY, HARRY A.~~	12 NAME	Borg, Gerald	
STREET ADDRESS	~~613 KRISTY CIRCLE~~	13 STREET ADDRESS	410 Elise Lane	
CITY-ST-ZIP	~~MELBOURNE FL~~	14 CITY-ST-ZIP	Melbourne FL 32940	
TITLE	~~VP~~	21 TITLE	P	☒ Change ☐ Addition
NAME	READ, WALTER	22 NAME	Read, Walter	
STREET ADDRESS	667 KRISTY CIRCLE	23 STREET ADDRESS	667 Kristy Circle	
CITY-ST-ZIP	MELBOURNE FL	24 CITY-ST-ZIP	Melbourne FL 32940	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	READ, GERALDINE	32 NAME		
STREET ADDRESS	667 KRISTY CIRCLE	33 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	RASKULINECZ, GEORGE	42 NAME		
STREET ADDRESS	303 MELISSA LN	43 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	44 CITY-ST-ZIP		
TITLE	~~P~~	51 TITLE	D	☐ Change ☒ Addition
NAME	~~GOON, G. CHARLIE~~	52 NAME	Gibbons, Donald	
STREET ADDRESS	~~613 KRISTY CIRCLE~~	53 STREET ADDRESS	520 Tracy Lane	
CITY-ST-ZIP	~~MELBOURNE FL~~	54 CITY-ST-ZIP	Melbourne FL 32940	
TITLE	~~D~~	61 TITLE	D	☐ Change ☒ Addition
NAME	~~KENNEDY, FAITH~~	62 NAME	Ramsden, William	
STREET ADDRESS	~~613 KRISTY CIR~~	63 STREET ADDRESS	660 Kristy Circle	
CITY-ST-ZIP	~~MELBOURNE FL~~	64 CITY-ST-ZIP	Melbourne FL 32940	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on attachment with an address.

SIGNATURE: Walter Read WALTER F. READ PRESIDENT 4-20-95 (407) 253-0041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0094040 CP

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CAMA LOMA ESTATES MOBILE HOME OWNERS ASSOCIATION, INC.

6560 North Harbor City Boulevard
Melbourne, Florida 32940-7485

Additional information Block 13 (Corporation Annual Report 1995)

D Gibbons, Grace 520 Tracy Lane Melbourne FL 32940	Addition
D Simmons, Frank 324 Melissa Lane Melbourne FL 32940	Addition
D Voci, Frank 655 Kristy Circle Melvourne FL 32940	Addition